



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
2018 JUN 15 PM 4:20

1. Entity ID Number 000507952		2. Exact name of the Corporation Ministerio Internacional Guerreros De Cristo	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious/Christian to Preach the Gospel to All Creatures	
4 NAICS Code 813110			
6. Principal Office Address P.O. Box 6672		City Providence	State RI
		Zip 02940	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Gabriel A. Alvarado		Vice-President Name Daisy Alvarado	
Street Address P.O. Box 6672		Street Address P.O. Box 6672	
City Providence	State RI	City Providence	State RI
Zip 02940		Zip 02940	
Secretary Name Madelin Ortiz		Treasurer Name	
Street Address 905 Main St Apt 1		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Aubner Castillo		Director Name Gabriel A. Alvarado	
Street Address 13 Hendrick St		Street Address P.O. Box 6672	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02940	
Director Name Daisy Alvarado		Director Name	
Street Address P.O. Box 6672		Street Address	
City Providence	State RI	City	State
Zip 02940		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Gabriel A. Alvarado		Date 6-15-18	
Signature of Officer/Authorized Representative 			

FILED

SIGN DOCUMENT 15 2018

BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov